

Event Code List
Nationally Notifiable Diseases and Other Conditions of Public Health Importance
Division of Integrated Surveillance Systems and Services, National Center for Public Health Informatics,
Centers for Disease Control and Prevention
January 2010

Code	Event	Notes+	Verification Procedures	Print Criteria†
10245	African Tick Bite Fever			
10560	AIDS	Not collected through NETSS. Data are supplied to NNDSS by CDC HIV/AIDS program on a quarterly basis. Currently reported to the HIV reporting system as "HIV Stage III".		Print criteria are determined by the CDC HIV/AIDS program.
11040	Amebiasis	Deleted from NNDL in 1995.		
11090	Anaplasma phagocytophilum*	Added to NNDL in 2008. Replaced event code 11085.		Confirmed and probable; unknown from CA
10350	Anthrax*	Case definition changed, 2010.CSTE recommends immediate (extremely urgent) notification for anthrax when: a) source of infection is not recognized, b) a recognized bioterrorism exposure or potential mass exposure exists, c) there is serious illness of naturally-occurring anthrax. CSTE recommends immediate (urgent) notification when: a) there is naturally-occurring or occupational anthrax, responding to treatment.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation by CCID/NCZVED. Following these procedures, all cases meeting print criteria will be printed.	Confirmed and probable; unknown reported from California (CA)
10010	Aseptic meningitis	Deleted from NNDL in 1995.		
32020	Asthma, Work-related			
12010	Babesiosis			
10650	Bacterial meningitis, other	Extended record format available for NETSS transmission.		

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Code	Event	Notes+	Verification Procedures	Print Criteria†
10530	Botulism, foodborne*	CSTE recommends immediate (extremely urgent) notification for foodborne botulism, except for cases endemic to Alaska.		Confirmed; unknown from CA
10540	Botulism, infant*	CSTE recommends immediate (extremely urgent) notification for: a) infant botulism clusters or outbreaks, b) botulism cases of intentional or suspected intentional release, c) botulism cases of unknown etiology or cases which do not meet standard notification criteria. CSTE recommends standard notification for sporadic infant botulism.		Confirmed; unknown from CA
10550	Botulism, other (includes wound)*	Codes 10548 and 10549 can be used to track "other unspecified" and "wound" botulism separately. Event code 10550 should only be used by states who cannot report separately using codes 10548 and 10549. CSTE recommends immediate (extremely urgent) notification for: a) intentional or suspected intentional release b) cases of unknown etiology or cases which do not meet standard notification criteria. Standard notification is recommended for sporadic wound botulism cases.		Confirmed; unknown from CA
10548	Botulism, other unspecified*	Use code 10548 if you can differentiate "other unspecified" botulism from "wound" botulism; otherwise, use code 10550.		Confirmed; unknown from CA

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Code	Event	Notes+	Verification Procedures	Print Criteria†
		CSTE recommends immediate (extremely urgent) notification for: a) intentional or suspected intentional release b) cases of unknown etiology or cases which do not meet standard notification criteria.		
10549	Botulism, wound*	Use code 10549 if you can differentiate "wound" botulism from "other unspecified" botulism; otherwise, use code 10550. CSTE recommends immediate (extremely urgent) notification for botulism, when: a) there is an intentional or suspected intentional release b) there are cases of unknown etiology or cases which do not meet standard notification criteria. CSTE recommends standard notification for sporadic cases of wound botulism.		Confirmed; unknown from CA
10020	Brucellosis*	Case definition change, 2010. CSTE recommends immediate (urgent) notification for multiple cases that are temporally or spatially clustered and standard notification for cases that are not temporally or spatially clustered.		Confirmed and probable; unknown from CA
10058	Cache Valley virus neuroinvasive disease	Formerly 'encephalitis/meningitis Cache Valley'. Split into neuroinvasive and non-neuroinvasive categories in 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		

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Code	Event	Notes+	Verification Procedures	Print Criteria†
10066	Cache Valley virus non-neuroinvasive disease	Category created by 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		
10054	California serogroup virus neuroinvasive disease*	Added to NNDL in 1995 (see Encephalitis, primary, 10050). Formerly 'encephalitis/meningitis California serogroup viral'. Split into neuroinvasive and non-neuroinvasive categories in 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		Data for publication received from ArboNET
10061	California serogroup virus non-neuroinvasive disease*	Category created by 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. Added to NNDL in 2005.		Data for publication received from ArboNET
11020	Campylobacteriosis			
10273	Chancroid*	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10274	Chlamydia trachomatis infection*	Added to NNDL in 1995. Extended record format available for STD*MIS data transmitted through NETSS. Changed name from 'Chlamydia trachomatis genital infection' to 'Chlamydia trachomatis infection' in 2010.		All reports are printed.
10470	Cholera (toxigenic <i>Vibrio cholerae</i> O1 or O139)*		All reports are printed. Before printing, the existence of "toxigenic O1 or O139" serospecies and other information in the	Confirmed; unknown from CA verified as confirmed

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			report of a provisional case is verified with the State Epidemiologist; cases will be withheld from MMWR publication pending confirmation by CCID/NCZVED.	
11900	Coccidioidomycosis	Added to NNDL in 1995. Change in case definition, 2008. Deleted from NNDL in 2010.		
11580	Cryptosporidiosis*	Added to NNDL in 1995. Change in case definition, 2009.		Confirmed; unknown from CA Confirmed and probable case classifications will be distinguished from each other in the annual summary, not the weekly tables.
11575	Cyclosporiasis*	Added to NNDL in 1999. Case definition changed, 2010.		Confirmed and probable; unknown from CA
10680	Dengue fever (DF)*	Added to NNDL in 2010. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. Initially, was referred to as 'dengue fever' and then subsequently referred to as 'dengue.' As of January 1, 2010, dengue fever is readopted as the preferred terminology.		Confirmed and probable; Print cases of DF, DHF, and DSS together; the CDC program will add a footnote with the proportion of cases
10685	Dengue hemorrhagic fever (DHF)*	Added to NNDL in 2010. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		Confirmed and probable; Print cases of DF, DHF, and DSS together; the CDC program will add a footnote with the proportion of cases

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Code	Event	Notes+	Verification Procedures	Print Criteria†
10040	Diphtheria*	There is no disease-specific extended record transmitted through NETSS for this condition. CSTE recommends immediate urgent notification.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; Following these procedures, all cases meeting print criteria will be printed.	CSTE VPD print criteria are used. Cases with confirmed, probable, and unknown case status are printed.
10053	Eastern equine encephalitis virus neuroinvasive disease*	Added to NNDL in 1995 (see Encephalitis, primary, 10050). Formerly 'encephalitis/meningitis, eastern equine'. Split into neuroinvasive and non-neuroinvasive categories in 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		Data for publication received from ArboNET
10062	Eastern equine encephalitis virus non-neuroinvasive disease*	Category created by 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. Added to NNDL in 2005.		Data for publication received from ArboNET
11088	<i>Ehrlichia chaffeensis</i>*	Added to NNDL in 2008. Replaced event code 11086.		Confirmed and probable; unknown from CA
11089	<i>Ehrlichia ewingii</i>*	Added to NNDL in 2008. Replaced event code 11087.		Confirmed and probable; unknown from CA
11085	Ehrlichiosis, human granulocytic (HGE)	Added to NNDL in 1998. As of January 1, 2008, HGE code 11085 was retired and a new code for <i>Anaplasma phagocytophilum</i> (see code 11090) should be used for reporting.		
11086	Ehrlichiosis, human monocytic (HME)	Added to NNDL in 1998. As of January 1, 2008, HME code 11086 was retired and a new code for <i>Ehrlichia chaffeensis</i> (see code 11088) should be used for reporting.		
11087	Ehrlichiosis, human, other or	Added to NNDL in 2001. As of		

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	unspecified agent	January 1, 2008, Ehrlichiosis code 11087 was retired and new codes for <i>Ehrlichia ewingii</i> and ehrlichiosis/anaplasmosis, undetermined (see codes 11089 and 11091) should be used for reporting.		
11091	Ehrlichiosis/Anaplasmosis, undetermined*	Added to NNDL in 2008. Replaced event code 11087.		Confirmed and probable; unknown from CA
10070	Encephalitis, post-chickenpox	Deleted from NNDL in 1995.		
10080	Encephalitis, post-mumps	Deleted from NNDL in 1995.		
10090	Encephalitis, post-other	Deleted from NNDL in 1995.		
10050	Encephalitis, primary	Deleted from NNDL in 1995. Replaced by event codes 10051-10058.		
11562	Enterohemorrhagic <i>Escherichia coli</i> (EHEC) shiga toxin+ (serogroup non-O157)	Added to NNDL in 2001. As of January 1, 2006, EHEC codes 11560, 11562, and 11564 were retired and a new code for Shiga toxin-producing <i>Escherichia coli</i> (see code 11563) should be used for reporting.		All reports printed
11560	Enterohemorrhagic <i>Escherichia coli</i> (EHEC) O157:H7	Added to NNDL in 1994. As of January 1, 2006, EHEC codes 11560, 11562, and 11564 were retired and a new code for Shiga toxin-producing <i>Escherichia coli</i> (see code 11563) should be used for reporting		All reports printed
11564	Enterohemorrhagic <i>Escherichia coli</i> (EHEC) shiga toxin+ (not serogrouped)	Added to NNDL in 2001. As of January 1, 2006, EHEC codes 11560, 11562, and 11564 were retired and a new code for Shiga toxin-producing <i>Escherichia coli</i> (see code 11563) should be used for reporting		All reports printed
10570	Flu activity code (Influenza)	Data collected for CDC program.		
11570	Giardiasis*	Added to NNDL in 2002.		Confirmed and probable; unknown from CA

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10280	Gonorrhea*	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10276	Granuloma inguinale (GI)	Deleted from NNDL in 1995. Extended record format available for STD*MIS line-listed data transmitted through NETSS.		
10590	Haemophilus influenzae, invasive disease*	Extended record format available for NETSS transmission		CSTE VPD print criteria are used. Cases with confirmed, probable, and unknown case status are printed.
10380	Hansen disease (Leprosy)*			Confirmed; unknown from CA
11610	Hantavirus infection	If infection results in illness meeting the hantavirus pulmonary syndrome case definition, use event code 11590 and do not report using code 11610. However, if patient has evidence of infection without meeting the hantavirus pulmonary syndrome case definition, report using 11610.		
11590	Hantavirus pulmonary syndrome*	Added to NNDL in 1995. Case definition changed, 2010.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; Following these procedures, all cases meeting print criteria will be printed.	Confirmed and unknown
42020	Head injury			
11550	Hemolytic uremic syndrome postdiarrheal*	Added to NNDL in 1995.		Confirmed, probable, and unknown from CA
10110	Hepatitis A, acute*	Extended record format available for NETSS transmission.		Confirmed; unknown from CA
10105	Hepatitis B virus infection, chronic*	Added to NNDL in 2003. Per CDC Hepatitis Program, data during calendar years 2003-2010 data will not		

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		be re-released or published due to data quality concerns (e.g. duplicate reporting).		
10100	Hepatitis B, acute*	Extended record format available for NETSS transmission.		Confirmed; unknown from CA
10104	Hepatitis B, virus infection perinatal*	Event code 10100 was previously used for this condition. Data for this condition are not published.		
10106	Hepatitis C virus, chronic*	Added to NNDL in 2003. Per CDC Hepatitis Program, data during calendar years 2003-2010 will not be re-released or published due to data quality concerns (e.g. duplicate reporting). Changed name from 'Hepatitis C virus infection, past or present' to 'Hepatitis C virus infection, chronic' in 2010.		
10101	Hepatitis C, acute*	Extended record format available for NETSS transmission.		Confirmed; unknown from CA
10102	Hepatitis Delta co- or super-infection, acute (Hepatitis D)	Data collected for CDC program. Extended record format available for NETSS transmission.		
10103	Hepatitis E, acute	Data collected for CDC program. Extended record format available for NETSS transmission.		
10480	Hepatitis, non A, non B, acute	Deleted from NNDL in 2003.		
10120	Hepatitis, viral unspecified	Deleted from NNDL in 1995.		
10562	HIV Infection, adult*	Not collected through NETSS. Data are supplied to NNDSS by CDC HIV/AIDS program on a quarterly basis.		Print criteria are determined by the CDC HIV/AIDS program.
10561	HIV Infection, pediatric*	Not collected through NETSS. Data supplied to NNDSS by CDC HIV/AIDS program on a monthly basis.		Print criteria are determined by the CDC HIV/AIDS program.

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10568	Human T-Lymphotropic virus type I infection (HTLV-I)			
10569	Human T-Lymphotropic virus type II infection (HTLV-II)			
11070	Influenza, animal isolates			
11060	Influenza, human isolates			
11061	Influenza-associated pediatric mortality*	Only nationally notifiable in children < 18 years of age. Influenza-associated pediatric mortality was added to the NNDL at the beginning of the flu season in October 2004. Data for pediatric influenza deaths are reported to CCID/NCIRD Influenza Division via a web-based application. These data should NOT be reported through NETSS. CDC's web-based application limits entry of case reports to the current age group under surveillance. Note that the event code itself is not limited to that age group.		Cases with confirmed case status are printed.
10059	Japanese encephalitis virus neuroinvasive disease	Formerly 'Japanese encephalitis'. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		
10068	Japanese encephalitis virus non-neuroinvasive disease	As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		
50000	Kawasaki Disease			
32010	Lead poisoning			
10490	Legionellosis*			Confirmed; unknown from CA
10390	Leptospirosis	Deleted from NNDL in 1995.		
10640	Listeriosis*	Added to NNDL in 2000. Extended record format available for NETSS transmission.		Confirmed; unknown from CA

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Code	Event	Notes+	Verification Procedures	Print Criteria†
11080	Lyme disease*	Extended record format available for NETSS transmission. Change in case definition, 2008.		Confirmed and probable; unknown from CA
10306	Lymphogranuloma venereum (LGV)	Deleted from NNDL in 1995. Extended record format available for STD*MIS line-listed data transmitted through NETSS.		
10130	Malaria*	Case definition changed, 2010.		Confirmed; unknown from CA
10140	Measles (rubeola), total*	Extended record format available for NETSS transmission. Change in case definition, 2009. CSTE recommends immediate (urgent) notification.		CSTE VPD print criteria are used. Cases with confirmed and unknown case status are printed.
10150	Meningococcal disease* (Neisseria meningitidis)	Extended record format available for NETSS transmission.		Confirmed and probable; unknown from CA
11661	Methicillin- or oxacillin-resistant <i>Staphylococcus aureus</i> coagulase-positive (MRSA a.k.a. ORSA)	CCID/NCPDCID is working to develop the capacity to support voluntary reporting of MRSA data through the NEDSS Base System. This will help to facilitate the collection and reporting of non-notifiable MRSA data to the NNDSS, by interested states. In addition, NCID currently collaborates with 8 Emerging Infections Program sites in the ABCs Surveillance System to monitor invasive MRSA. States interested in using the ABCs protocol and methods are welcomed to contact Dr. Scott Fridkin (SFRidkin@cdc.gov, or by phone at 404-639-2603). Findings gathered from both surveillance systems (ABCs and NNDSS) will be used to inform CSTE's decision whether MRSA (ORSA) should be added to the list of nationally notifiable		

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		diseases.		
11801	Monkeypox			
42040	Motor vehicle injury	Data for this event are not currently transmitted through NETSS.		
10308	Mucopurulent cervicitis (MPC)	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		
10180	Mumps*	Extended record format available for NETSS transmission. Change in case definition, 2008. Refer to case definition for case classification for import status.		CSTE VPD print criteria are used. Cases with confirmed, probable, and unknown case status are printed.
10317	Neurosyphilis*	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10307	Nongonococcal urethritis (NGU)	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		
11062	Novel influenza A virus infections, initial detections of*	Added to NNDL in 2007. CSTE recommends immediate (urgent) notification.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from MMWR publication pending confirmation from CCID/NCIRD. Following these procedures, all cases meeting the print criteria will be printed.	Cases with confirmed status and cases reported from CA with unknown status later verified to be confirmed are printed.
11063	Influenza outbreak	Data collected for CDC program. This event code was created to distinguish data received by CDC from 11062 - Initial Detections of Novel Influenza A virus infections		
42060	Other injury			

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10309	Pelvic Inflammatory Disease (PID), Unknown Etiology	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		
10190	Pertussis*	Extended record format available for NETSS transmission.		CSTE VPD print criteria are used. Cases with confirmed, probable, and unknown case status are printed.
10440	Plague*	CSTE recommends immediate (extremely urgent) notification when there is a suspected intentional release and standard notification for all cases not suspected to be intentional.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation by CCID/NCZVED. Following these procedures, all cases meeting print criteria will be printed.	All reports are printed.
10410	Poliomyelitis, paralytic*	There is no disease-specific extended record transmitted through NETSS for this condition. Note event code 10405 for poliovirus infection, nonparalytic. CSTE recommends immediate (extremely urgent) notification	Before printing, CCID/NCIRD will verify case reports based on an expert panel review. Any case of polio will be withheld from publication pending receipt of CCID expert panel review verification.	Confirmed; unknown from CA that are verified as confirmed
10405	Poliovirus infection, nonparalytic *	Added to NNDL in 2007. Note event code 10410 for paralytic poliomyelitis. No disease-specific data for this condition are reported. CSTE recommends immediate (urgent) notification	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation by CCID/NCIRD. Following these procedures, all cases meeting print criteria will be printed.	Confirmed; unknown from CA that are verified as confirmed

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10057	Powassan virus neuroinvasive disease*	Added to NNDL in 2002. Formerly 'encephalitis/meningitis, Powassan'. Split into neuroinvasive and non-neuroinvasive categories in 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS		Data for publication received from ArboNET
10063	Powassan virus non-neuroinvasive disease*	Category created by 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. Added to NNDL in 2005		Data for publication received from ArboNET
10450	Psittacosis* (Ornithosis)	Case definition change, 2010.		Confirmed and probable; unknown from CA
10255	Q fever	Added to NNDL in 1999. As of January 1, 2008, event code 10255 was retired and new codes for Q fever, acute and chronic (see codes 10257 and 10258) should be used for reporting.		
10257	Q fever, acute*	Added to NNDL in 2008. Replaced event code 10255 beginning January 1, 2008. Change in case definition, 2009.		Confirmed and probable; unknown from CA
10258	Q fever, chronic*	Added to NNDL in 2008. Replaced event code 10255 beginning January 1, 2008. Change in case definition, 2009.		Confirmed and probable; unknown from CA
10340	Rabies, animal*	Animal species reportable in NETSS transmission. CSTE recommends standard notification for animal rabies cases not imported within past 60 days and immediate (urgent) notification for cases imported from outside the continental US within the past 60 days.		Confirmed and unknown from CA

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10460	Rabies, human*	Case definition changed, 2010. CSTE recommends immediate (urgent) notification.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; Following these procedures, all cases meeting print criteria will be printed.	Confirmed; unknown from CA verified as confirmed
11030	Reye syndrome			
11050	Rheumatic fever	Deleted from NNDL in 1995.		
10200	Rubella*	Extended record format available for NETSS transmission. Change in case definition, 2009. CSTE recommends immediate (urgent) notification.		CSTE VPD print criteria are used. Cases with confirmed and unknown case status are printed.
10370	Rubella, congenital syndrome*		Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; Following these procedures, all cases meeting print criteria will be printed.	CSTE VPD print criteria are used. Cases with confirmed, probable, and unknown case status are printed.
11000	Salmonellosis*	As of January 2006, serotype specific national reporting for salmonellosis was recommended by CSTE and CDC.		Confirmed and probable; unknown from CA
10575	Severe Acute Respiratory Syndrome (SARS)-associated Coronavirus disease* (SARS-CoV)	Data supplied to NNDSS by various reporting mechanisms, including NETSS and HL7 messaging via the Generic Message Mapping Guide. The SARS Web application is no longer available. CSTE recommends immediate (extremely urgent) notification.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation by CCID/NCIRD. Following these procedures, all cases meeting print criteria will be printed.	Cases with confirmed and probable case status are printed.

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11563	Shiga toxin-producing <i>Escherichia coli</i> (STEC)*	As of January 2006, STEC was added to the NNDL and serotype specific national reporting of STEC was recommended by CSTE and CDC. As of January 2006, STEC code 11563 replaces EHEC codes 11560, 11562, and 11564.		All reports printed
11010	Shigellosis*	As of January 2006, serotype specific national reporting for shigellosis was recommended by CSTE and CDC.		Confirmed and probable; unknown from CA
32000	Silicosis*	Added to NNDL in 1996. Added case definition to NNDSS website, 2010. Cases are not reported via NETSS or NEDSS. Data are not published in the MMWR at this time.		
11800	Smallpox*	Deleted from the NNDL in 1988, but added back to the NNDL in 2004. CSTE recommends immediate (extremely urgent) notification.	Before printing, CDC staff will verify all provisional cases reported via consultation with State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation by CCID/NCZVED. Following these procedures, all cases meeting print criteria will be printed.	Cases with confirmed and probable case status are printed.
42010	Spinal cord injury			
10250	Spotted Fever Rickettsiosis*	Case definition change, 2008. States and territories will send CDC case data for all confirmed and probable cases. Changed name from 'Rocky Mountain Spotted Fever' to 'Spotted Fever Rickettsiosis' in 2010.		Confirmed, probable, and unknown

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10051	St. Louis encephalitis virus neuroinvasive disease*	Added to NNDL in 1995 (see Encephalitis, primary, 10050). Formerly 'encephalitis/meningitis, St. Louis'. Split into neuroinvasive and non-neuroinvasive categories in 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		Data for publication received from ArboNET
10064	St. Louis encephalitis virus non-neuroinvasive disease*	Category created by 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. Added to NNDL in 2005		Data for publication received from ArboNET
11710	Streptococcal disease, invasive, Group A	Added to NNDL in 1995. Deleted from NNDL in 2010.		
11715	Streptococcal disease, invasive, Group B			
11716	Streptococcal disease, other, invasive, beta-hemolytic (non-group A and non-group B)	Added for use in the National Electronic Disease Surveillance System Bacterial Meningitis and Invasive Respiratory Disease Program Area Module.		
11700	Streptococcal toxic-shock syndrome*	Added to NNDL in 1995. Case definition change, 2010.		Confirmed and probable; unknown from CA
11723	<i>Streptococcus pneumoniae</i>, invasive disease (IPD) (all ages)*	Added to NNDL in 2010. CDC program does not want to be notified of suspected cases. Replaced event codes for ' <i>Streptococcus pneumoniae</i> , invasive, drug-resistant (DRSP), all age groups' (event code 11720) and ' <i>Streptococcus pneumoniae</i> , invasive disease non-drug resistant (IPD), in children less than 5 years of age' (event code 11717).		Confirmed; unknown from CA

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11720	<i>Streptococcus pneumoniae</i> invasive, drug-resistant (DRSP), All age groups	Added to NNDL in 1995. Removed from NNDL in 2010. Cases of invasive pneumococcal disease (IPD) are no longer classified separately by age or antimicrobial susceptibility. Event code (11723) should be used for notification of all cases of IPD starting on January 1, 2010.		
11717	<i>Streptococcus pneumoniae</i> , invasive disease non-drug resistant (IPD), < 5 years	Added to NNDL in 2001. Only nationally notifiable in children less than 5 years of age. Removed from NNDL in 2010. Cases of invasive pneumococcal disease (IPD) are no longer classified separately by age or antimicrobial susceptibility. Event code (11723) should be used for notification of all cases of IPD starting on January 1, 2010.		
50010	Sudden Infant Death Syndrome			
42050	Suicide			
10316	Syphilis, congenital*	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10313	Syphilis, early latent*	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10314	Syphilis, late latent*	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10318	Syphilis, late with clinical manifestations other than neurosyphilis*	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10311	Syphilis, primary*	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.

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Code	Event	Notes+	Verification Procedures	Print Criteria†
10312	Syphilis, secondary*	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10310	Syphilis, total primary and secondary*	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10315	Syphilis, unknown latent*	Extended record format available for STD*MIS line-listed data transmitted through NETSS.		All reports are printed.
10210	Tetanus*	Extended record format available for NETSS transmission.		CSTE VPD criteria are used. All reports are printed.
10520	Toxic-shock syndrome (staphylococcal)*			Confirmed and probable; unknown from CA
12020	Toxoplasmosis			
10270	Trichinellosis*	Preferred name changed from trichinosis at CCID/NCZVED program request, October 2004. Terms are synonymous but trichinellosis will be encouraged as the preferred term.		Confirmed; unknown from CA
10220	Tuberculosis*	Extended record format for system tracking is available from TIMS for NETSS transmission. Case definition change, 2009.		Print criteria are determined by the CDC Tuberculosis program.
10230	Tularemia*	Deleted from NNDL in 1995; Added to NNDL in 1999.CSTE recommends immediate (extremely urgent) notification for cases caused by suspected intentional release and standard notification for all cases other than those caused by suspected intentional releases.		All reports are printed.
10240	Typhoid fever* (caused by <i>Salmonella typhi</i>)			Confirmed and probable; unknown from CA
10260	Typhus Fever, (endemic fleaborne, Murine)	Deleted from NNDL in 1988.		

*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
11663	Vancomycin-intermediate <i>Staphylococcus aureus</i>* (VISA)	Added to NNDL in 2004.		Confirmed; unknown from CA verified as confirmed
11645	Vancomycin-resistant <i>Enterococcus</i>			
11665	Vancomycin-resistant <i>Staphylococcus aureus</i>* (VRSA)	Added to NNDL in 2004.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation with CCID/NCPDCID. Following these procedures, all cases meeting print criteria will be printed.	Confirmed; unknown from CA verified as confirmed
10030	Varicella (Chickenpox)*	Added to NNDL in 2003.		VPD print criteria are used. Cases with confirmed, probable, and unknown case status from CA are printed.
10055	Venezuelan equine encephalitis virus neuroinvasive disease	As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		
10067	Venezuelan equine encephalitis virus non-neuroinvasive disease	As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS.		
11541	<i>Vibrio parahaemolyticus</i>	Retired code in 2007. Replaced by event code 11545 for Vibriosis (non-cholera <i>Vibrio</i> infections)		
11540	<i>Vibrio</i> spp., non-toxigenic, other or unspecified	Retired code in 2007. Replaced by event code 11545 for Vibriosis (non-cholera <i>Vibrio</i> infections)		
11542	<i>Vibrio vulnificus</i>	Retired code in 2007. Replaced by event code 11545 for Vibriosis (non-cholera <i>Vibrio</i> infections)		

*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
11545	Vibriosis* (non-cholera <i>Vibrio</i> species infections)	Added to the NNDL in 2007. In 2007, event code 11545 replaces event codes 11540, 11541, and 11542.		Confirmed, probable, and unknown from California
11647	Viral hemorrhagic fever*	Added to NNDL in 2010. CSTE recommends immediate (extremely urgent) notification for suspected intentional cases and standard notification for cases other than those that are suspected intentional.	Before printing, cases should be verified by the Special Pathogens Branch, CDC. CDC staff will verify all cases reported via consultation with the State Epidemiologist; cases will be withheld from MMWR publication pending confirmation by CDC. Following these procedures, all cases meeting print criteria will be printed.	Confirmed; footnote will denote the specific VHF (Ebola or Marburg, Lassa, new world Arenaviruses, or Crimean-Congo) reported to CDC
10056	West Nile virus neuroinvasive disease*	Added to NNDL in 2002. Formerly 'encephalitis/meningitis, West Nile'. Split into neuroinvasive and non-neuroinvasive categories in 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. For West Nile fever, use code 10049.		Data for publication received from ArboNET
10049	West Nile virus non-neuroinvasive disease*	Formerly 'West Nile Fever'. Category created by 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. Added to NNDL in 2005		Data for publication received from ArboNET
10052	Western equine encephalitis virus neuroinvasive disease*	Added to NNDL in 1995 (see Encephalitis, primary, 10050). Formerly 'encephalitis/meningitis, western equine'. Split into neuroinvasive and non-neuroinvasive categories in 2004 CSTE position statement. As of July 1, 2004, these		Data for publication received from ArboNET

*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Code	Event	Notes+	Verification Procedures	Print Criteria†
		data are reported to CDC through ArboNET and should not be reported through NETSS.		
10065	Western equine encephalitis virus non-neuroinvasive disease*	Category created by 2004 CSTE position statement. As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. Added to NNDL in 2005		Data for publication received from ArboNET
10660	Yellow fever*	As of July 1, 2004, these data are reported to CDC through ArboNET and should not be reported through NETSS. CSTE recommends immediate (urgent) notification.	Before printing, CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from <i>MMWR</i> publication pending confirmation by CCID/NCZVED. Following these procedures, all cases meeting print criteria will be printed.	Data for publication received from ArboNET
11565	Yersiniosis			

†**Print policy for the National Notifiable Diseases Surveillance System:** For a case report of a nationally notifiable disease to print in the *Morbidity and Mortality Weekly Report (MMWR)*, the reporting state or territory must have designated the disease reportable in their state or territory for the year corresponding to the data year of report to CDC. After this criterion is met, the disease-specific criteria listed in the table above are applied. When the above-listed table indicates that “all reports” will be earmarked for printing, this means that cases designated with “unknown” or “suspect” case confirmation status will print just as “probable” and “confirmed” cases will print. Print criteria for Vaccine Preventable Diseases (VPD) reflect the case confirmation status print criteria described by the Council of State and Territorial Epidemiologists (CSTE) 1999 Position Statement #ID-08 entitled “Vaccine Preventable Diseases Surveillance Data,” and subsequent CSTE position statements.

+Since CSTE position statements are not generally finalized until July of each year, the NNDSS data for the newly added conditions are not available from all reporting jurisdictions until January of the year following the approval of the CSTE position statement. As such, the “Notes” section includes the first full calendar year that a condition was added (or deleted) from the list of nationally notifiable diseases.

*Diseases in bold have been designated by CSTE as nationally notifiable and should be reported to CDC on a regular basis.

Abbreviations and other notes:

CCID	Coordinating Center for Infectious Disease
CDC	Centers for Disease Control and Prevention
CSTE	Council of State and Territorial Epidemiologists
<i>MMWR</i>	<i>Morbidity and Mortality Weekly Report</i>
NCIRD	National Center for Immunization and Respiratory Diseases, CDC
NCPDCID	National Center for Preparedness, Detection, and Control of Infectious Disease
NCZVED	National Center for Zoonotic, Vector-Borne, and Enteric Diseases
NEDSS	National Electronic Disease Surveillance System
NETSS	National Electronic Telecommunications System for Surveillance
NNDL	National Notifiable Disease List (infectious diseases reportable to CDC)
NNDSS	National Notifiable Diseases Surveillance System
STD*MIS	Sexually Transmitted Diseases Management Information System—software for STD surveillance and case management
TIMS	Tuberculosis Information Management System—software for TB surveillance and case management
VHF	Viral Hemorrhagic Fever
VPD	Vaccine Preventable Diseases

For purposes of this document, “line-listed” data are meant to mean “case-specific” data.

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